STATE OF KANSAS
STATE CORPORATION COMMISSION
200 Colorado Derby Building
Wichita, Kansas 67202

WELL PLUGGING RECORD
K.A.R.-82-3-117

API NUMBER 15-095-20,202-0000

LEASE NAME Richardson

WELL NUMBER #2

TYPE OR PRINT
NOTICE: Fill out completely and return to Cons. Div. office within 30 days.

_____ Ft. from S Section Line

_____ Ft. from E Section Line

LEASE OPERATOR McCoy Petroleum Corporation

SEC. 34 TWP. 29S RGE. 8 (E) or (W)

ADDRESS 3017 N. Cypress, Wichita, KS 67226-4003

COUNTY Kingman

PHONE# (316) 636-2737 OPERATORS LICENSE NO. 5003

Date Well Completed 4-3-70

Character of Well Gas

Plugging Commenced 9-14-95

(Oil, Gas, D&A, SWD, Input, Water Supply Well)

Plugging Completed 9-16-95

The plugging proposal was approved on _____ (date)

by Steve VanGieson (KCC District Agent's Name).

Is ACO-1 filed? Yes If not, is well log attached? _____

Producing Formation Mississippian Depth to Top 4150 Bottom 4190 T.D. 4270'

Show depth and thickness of all water, oil and gas formations.

OIL, GAS OR WATER RECORDS | CASING RECORD

Formation	Content	From	To	Size	Put in	Pulled out
		0	254'	8-5/8"	254'	None
		0	4268	4-1/2"	4268'	1197'

Describe in detail the manner in which the well was plugged, indicating where the mud fluid was placed and the method or methods used in introducing it into the hole. If cement or other plugs were used, state the character of same and depth placed, from ___ feet to ___ feet each set.

Plugged and abandon using 60/40 Pozmix and 4% gel. Set 1st plug @ 1206.28' w/35 sks; 2nd plug set @ 805.90' w/35 sks; 3rd plug set @ 309' to surface w/80 sks; top off with 15 sks. Plugging complete 9-16-95

(If additional description is necessary, use BACK of this form.)

Name of Plugging Contractor Shawnee Well Service License No. 30346

Address P. O. Box 781624, Wichita, KS 67278-1624

RECEIVED
STATE CORPORATION COMMISSION
OCT 11 1995
CONSERVATION DIVISION
Wichita, Kansas

NAME OF PARTY RESPONSIBLE FOR PLUGGING FEES: McCoy Petroleum Corporation

STATE OF KANSAS COUNTY OF SEDGWICK, ss.

McCoy Petroleum Corporation (~~Employee of Operator~~) or (Operator) of above-described well, being first duly sworn on oath, says: That I have knowledge of the facts, statements, and matters herein contained and the log of the above-described well as filed that the same are true and correct, so help me God.

(Signature) [signature]

(Address) 3017 N. Cypress
Wichita, KS 67226-4003

SUBSCRIBED AND SWORN TO before me this 9th day of October, 1995

DEBORAH ANN PAULUS
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 1-8-96

Deborah Ann Paulus
Notary Public

My Commission Expires: January 8, 1996

Form CP-4
Revised 05-88